

Exhibit 2

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA**

IN RE: INCRETIN MIMETICS	Case No. 13-md-02452-AJB- MDD MDL - 2452
This Document Relates to Plaintiff:	Docket Number:

DEFENDANTS' FACT SHEET

I. INTRODUCTION

A. Defendant must serve a complete and verified Defense Fact Sheet (“DFS”) and responsive documents on counsel identified in section I.C. of the Plaintiff Fact Sheet (“PFS”) by the date established by Order # ____.

B. Any reference to “you” or “your” below refers to the responding Defendant. Any reference to “Medication” below refers to the responding Defendant’s Medication as identified in response to Section I.B, of this DFS, below.

C. “Prescribing Healthcare Provider(s)” as used herein refers to any person(s) identified in Section II.B of the Plaintiff Fact Sheet (“PFS”) who prescribed the responding Defendant’s Medication. Defendants do not have an obligation to review medical records to identify the Prescribing Healthcare Provider(s) or otherwise respond to this DFS, but rather shall respond to information as provided in the PFS. [IN DISPUTE – REQUESTED BY PLAINTIFFS: Unless otherwise specified, the relevant time period for responsive information is from the date of FDA approval of the Defendant’s Medication until the due date for service of Plaintiff’s PFS.] [IN DISPUTE – REQUESTED BY DEFENDANTS: Unless otherwise specified, the relevant time period for responsive information is from the date of launch of the Defendant’s Medication until 30 days after Plaintiff’s last prescription period of the Defendant’s Medication, as identified by Plaintiff’s pharmacy records. Defendants shall produce available responsive information for this DFS as it can be reasonably searched and obtained from Defendants’ electronic database(s) maintained in the ordinary course of business. Defendants do not have an obligation to review or produce information for this DFS from any other source including, but not limited to, department or custodial files.]

D. Defendants shall attach additional sheets of paper if necessary to completely answer the questions below. When producing any documents that are responsive to a question, or as otherwise required, the documents shall be identified by Bates Number.

E. In completing this DFS, Defendants are under oath and must provide information that is true and correct to the best of their knowledge, information, and belief. If the response to

any question is that of no data found, that response should be entered in the appropriate location(s).

F. Nothing herein precludes a Defendant from withholding information or materials protected by a claim of privilege, in accordance with the terms of the Protective Order dated June 3, 2013.

II. CASE INFORMATION

A. This DFS pertains to the following:

1. Plaintiff's Full Name: _____
2. Product User, if other than Plaintiff (as identified in Section II.A. of the PFS): _____
3. Case Caption: _____
4. Current Jurisdiction: _____
5. Current Civil Action No.: _____

B. Responding Party (check one):

<input type="checkbox"/>	Amylin Pharmaceuticals, LLC
<input type="checkbox"/>	Eli Lilly and Company
<input type="checkbox"/>	Merck Sharpe & Dohme Corp.
<input type="checkbox"/>	Novo Nordisk Inc.
<input type="checkbox"/>	Other _____

C. Responding Defendant's Medication(s) (check all that apply):

	<i>Medication</i>	<i>Date Range</i>
<input type="checkbox"/>	Byetta	
<input type="checkbox"/>	Bydureon	
<input type="checkbox"/>	Januvia	
<input type="checkbox"/>	Janumet	
<input type="checkbox"/>	Victoza	
<input type="checkbox"/>	Other _____	

III. CONTACTS WITH DISPENSING AND/OR PRESCRIBING HEALTH CARE PROVIDER

With respect to the Prescribing Healthcare Provider(s), state the following:

A. “Dear Doctor” or “Dear Healthcare Provider” Letters: For each “Dear Doctor” or “Dear Healthcare Provider” letter, if any, that was sent to the Prescribing Healthcare Provider(s) regarding your Medication, please:

1. Identify the letter sent including bates numbers.
2. State the date of each letter.
3. State the person(s) or entities to whom the letter was addressed and/or sent.
4. State the recipient’s address, email address, and/or fax number where it was sent.
5. Identify the database and/or documents that validate the above mentioned facts.

B. Samples: Did any of your representatives provide Medication samples to any or all of the Prescribing Healthcare Provider(s)?

☐ Yes ☐ No

If the answer is “yes,” please provide the following information, if available:

1. State the number of Medication samples provided to each Prescribing Healthcare Provider(s).
2. State the number of pills or quantity of Medication in each sample.
3. State the dosage(s) of each sample pill(s)/product(s) provided.
4. State the date(s) that they were given, shipped, or otherwise provided to the Prescribing Healthcare Provider(s).
5. State the identity of the person or persons who provided the samples.

C. All Other Contacts

1. For each of the Prescribing Healthcare Provider(s), please provide and produce the following information relating to contacts regarding your Medication between any of Defendant’s sales representatives or “sales detail persons” and that provider:

Prescribing Healthcare Provider(s)	Defendant's Sales Representative or "Sales Detail Person"	Current Employment Status of Sales Representative or Sales Detail Person (i.e. Active/Former Employee)

2. For each sales representative or "sales detail person" identified in question II.C.1 above, please identify the following information:

- (A) Date of hire;
- (B) Job title(s) with defendant (by date range if more than one);
- (C) Last date sales representatives had contact with Plaintiff's Prescribing Healthcare Provider concerning the Medication.

3. Do you have, or have you ever had, access to any database or information regarding Plaintiff's Prescribing Healthcare Provider's prescribing practices with respect to your Medication or any other diabetes medication, including, but not limited to, the product(s) prescribed, the number of prescriptions, the number of refills, and the time frame when you had such access?

☐ Yes ☐ No

If your answer is "yes," identify the database or document(s) which captures that information and provide copies of same subject to the execution of an appropriate third party data sharing agreement, which Defendants and Plaintiffs shall reasonably cooperate to secure.

IV. CONSULTING WITH PLAINTIFF'S PRESCRIBING HEALTH CARE PROVIDER

A. Have you ever paid or provided consideration of any kind (excluding materials of nominal value, such as pens, paper pads, etc.) to the Prescribing Healthcare Provider(s) in connection with the subject Medication?

☐ Yes ☐ No

If yes, please state and/or produce:

1. The identity of the Prescribing Healthcare Provider(s);
2. The nature of the consideration; and
3. The date the consideration was provided.

B. [IN DISPUTE – THIS SECTION IS REQUESTED BY PLAINTIFFS. DEFENDANTS DO NOT OBJECT TO THE INCLUSION OF THIS SECTION IF SUBJECT TO THE LIMITATION THEY HAVE REQUESTED IN SECTION I.C, THAT RESPONSIVE CASE-SPECIFIC INFORMATION REQUESTED IN THE DFS IS OBTAINED FROM REASONABLE DATABASE SEARCHES ONLY. PLAINTIFFS OPPOSE DEFENDANTS’ REQUESTED LIMITATION TO DATABASE-ONLY SEARCHES IN SECTION I.C AND IN ALL OTHER SECTIONS, INCLUDING THIS SECTION.]

Have you ever provided to the Prescribing Healthcare Provider(s) documentation related to the benefits, risks, safety and/or use (i.e. published studies, clinical trial data, journal articles, etc.) of the Medication?

☐ Yes ☐ No

If yes, please state and or produce:

1. The type of documents provided;
2. The date the documentation was delivered;
3. The method by which the document was delivered;
4. A copy of the document delivered.

C. To your knowledge, have any Prescribing Healthcare Providers ever contacted you to request information concerning the Medication, its indications, effects and/or other risks?

☐ Yes ☐ No

If your answer is “yes,” please identify the Prescribing Healthcare Provider(s) who contacted you, the date(s) of the contact, and the substance of any such requests. Please also identify and produce documents reflecting the request and any response provided.

D. Identify whether in connection with the Medication the Prescribing Healthcare Provider(s) ever served in any of the following capacities “Key Opinion Leader (KOL)”; “Thought Leader”; “Speaker”; “Study Investigator”; “Medical Advisor”; “Advisory Committee” member; research grant recipient; honorarium beneficiary; sponsored researcher; or fellow.

☐ Yes ☐ No

If your answer is “yes,” please identify the Prescribing Healthcare Provider(s), the nature of the relationship, and the dates of the relationship.

V. [IN DISPUTE –THIS SECTION IS REQUESTED BY PLAINTIFFS. DEFENDANTS OBJECT TO THE INCLUSION OF THIS ENTIRE SECTION.] ADVERTISING

A. Aside from national advertising (i.e. advertising that was not directed to any specific geographic region), did you advertise Defendant’s medications in the Media Market in which Plaintiff lived at the time that he or she used Defendant’s Medication as disclosed in the PFS?

☐ Yes ☐ No

If your answer to IV.A. is “yes,” please provide, to the extent available, the name, identity, and/or title of the advertisement; the nature of the media (i.e. print or television); the media location(s), outlet(s), publication(s), and/or channel(s); and the date(s) the advertisement ran.

Name/Identity/Description of the Advertisement	Nature of Media (print or television)	Media Location(s), Outlet(s), Publication(s), and/or Channels	Dates that Advertisements Ran

B. Aside from national advertising (i.e. advertising that was not direct to any specific geographic region), did you advertise Defendant’s medication in the Media Market in which Plaintiff’s Treating Health Care Provider’s office was located, as listed in the PFS, at the time that Plaintiff used Defendant’s Medication as disclosed in the PFS?

☐ Yes ☐ No

1. If your answer to IV.B. is “yes,” please provide, to the extent available, the name, identity, and/or title of the advertisement; the nature of the media (i.e. print or television); the media location(s), outlet(s), publication(s), and/or channel(s); and the date(s) the advertisement ran.

Name/Identity/Description	Nature of Media	Media Location(s),	Dates that
---------------------------	-----------------	--------------------	------------

of the Advertisement	(print or television)	Outlet(s), Publication(s), and/or Channels	Advertisements Ran

C. Was the Product User registered with any program owned, operated or controlled by Defendant whereby the Product User received electronic communications concerning Defendant's medication?

☐ Yes ☐ No

VI. PLAINTIFF'S MEDICAL CONDITION

A. Other than as may have occurred in connection with any adverse event report or this lawsuit, have you contacted and/or been contacted by Plaintiff, Plaintiff's physicians, nurses, physician assistants, or anyone else expressly on behalf of Plaintiff and/or expressly concerning Plaintiff regarding your Medication and/or Plaintiff's medical condition?

☐ Yes ☐ No

If your answer is "yes," please state:

1. The name of the person(s) who contacted you;
2. The person(s) who you contacted;

[[IN DISPUTE - REQUESTS 3 AND 4 BELOW ARE REQUESTED BY PLAINTIFFS. DEFENDANTS DO NOT OBJECT TO THE INCLUSION OF THESE REQUESTS IF SUBJECT TO THE LIMITATION THEY HAVE REQUESTED IN SECTION I.C, THAT RESPONSIVE CASE-SPECIFIC INFORMATION REQUESTED IN THE DFS IS OBTAINED FROM REASONABLE DATABASE SEARCHES ONLY. PLAINTIFFS OPPOSE DEFENDANTS' REQUESTED LIMITATION TO DATABASE-ONLY SEARCHES IN SECTION 1.C AND IN ALL OTHER SECTIONS, INCLUDING THIS SECTION.]

3. Describe the general substance of any such contacts; and
4. Produce any documents exchanged or created related to said contacts.

B. Please produce a copy of any summary report from your adverse event or incident event database (the electronic equivalent of a MedWatch report) that refers or relates to Plaintiff, to the extent Plaintiff has been identified in such database, including backup documentation to the extent such documents have not been obtained as a consequence of this litigation, concerning Plaintiff and any evaluation you did concerning Plaintiff.

VII. DOCUMENTS

1. Any and all documents as identified in answers to the questions in Section IIA.1 above, sent to or received from any of Plaintiff's Prescribing Healthcare Providers.
2. Any contracts with Plaintiff's Prescribing Healthcare Providers regarding the Medication.
3. A report of prescription data obtained from third-party vendors which purports to describe, for the Medication, the prescribing practices of Plaintiff's Prescribing Healthcare Providers, with the production of any such materials being subject to the execution of an appropriate third-party data sharing release as referenced in Section IIC.
4. The call notes regarding the Medication, for calls with Plaintiff's Prescribing Health Care Provider(s), for each Sales Representative, and/or any other detail representatives identified in Section I above.
5. A report reflecting each expense, honoraria, and fee paid to Plaintiff's Prescribing Healthcare Provider(s).

[IN DISPUTE – REQUESTED BY PLAINTIFFS. DEFENDANTS OBJECT TO THE INCLUSION OF DOCUMENT REQUESTS 6-11 BELOW.]

6. Any and all documents that relate or refer to Plaintiff in your possession, other than pleadings and documents received from Plaintiff.
7. Any and all documents sent to or received from any of Plaintiff's Healthcare Providers, including cover letters.
8. Any and all other documents that reflect any communication with Plaintiff's Healthcare providers regarding your product.
9. Any and all Adverse Event Reports for Plaintiff and all back-up data, including but not limited to any and all correspondence to/from the FDA regarding said AER and/or said Plaintiff.
10. Aside from national advertising, copies of any and all advertisements directed toward the media markets in which the Plaintiff resided and/or Plaintiff's Treating Healthcare Provider's office is located, as identified in Section IV. A, B or C.
11. Any other document, printout, communication, or tangible items identified in, referred to, and/or pertaining to any of the requests or responses in Section I-V.

VERIFICATION

I declare under the penalties for perjury that I am authorized to provide Verification of discovery responses for the Defendant responding to this Defendant Fact Sheet. The information provided in response to this Defendant Fact Sheet has been assembled by authorized employees and/or counsel of Defendant. Although I do not have personal knowledge of all of the information set forth therein, I declare, pursuant to 28 U.S.C. Sec. 1746, that the foregoing is true and correct to the best of my knowledge, understanding and belief, formed after due diligence and reasonable inquiry.

Dated this _____ day of _____, _____.